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ABSTRACT

The psychological role of the father in the life of an adolescent is crucial. Delinquent adolescent males have severe problems in the oedipal area. Most have had negative father-son relationships. The study group was composed of 25 boys who were on parole. Outpatient psychiatric treatment was a condition of their parole. Of the 25, 23 had fathers who fell into a negative father role. The group therapy approach used in this study was similar to the Relationship-Experential Focus outlined by Scheidlinger. The group therapist needs to establish a therapeutic relationship where the positive attitudes of a father transference predominate. The three different phases of the group's existence are: (1) engaging their (individual) interest, (2) encountering a caring adult, and (3) leaving the group with the image of a positive experience with an adult. Potential group members are seen individually until they have begun to relate to the therapist. Then they are placed in the group. The most meaningful changes seen so far in this type of therapy are: (1) changes in the adolescent's perception and relationships toward adults, especially adult authority figures, (2) changes in behavior toward adults outside the group, and (3) a decrease in undetected delinquent activity. [Not available in hard copy due to marginal legibility of original document.] (KJ)

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The Role of "Fathering" In Group Psychotherapy With Adolescent Delinquent Males

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The Role Of "Fathering" In Group Psychotherapy With Adolescent Delinquent Males

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According to psychoanalytic theory (Blos, 1961), the prime intrapsychic problem of adolescence is the resurgence of the oedipal conflict. Erikson (1959), has delineated this psychological problem for the adolescent as "the identity crisis". The male adolescent's developmental task is to crystallize a masculine identity, a well-integrated sense of being a man. Helene Deutsch (1967), has recently verified this psychological assumption with extensive clinical observation of present-day adolescents. She characterizes adolescents as being involved in a ..."peer society - but without any other goals than the 'search for identity'".

Psychoanalytic theory has traditionally emphasized the central role of the mother in personality formation of the child. The father is seen as a secondary agent in child rearing and influence on personality formation. The mother's role is central, but there is a need to clarify the role of the father, and to delineate the very specific, necessary, and crucial effect "fathering" has on the development of the male child in the family. The role of the father and fathering becomes clearer to any therapist working with disturbed adolescents, especially delinquent adolescent males.

Delinquent males practice "father-elimination", acting as if their father doesn't exist or has no meaning for him. When an individual cuts

himself off from his father emotionally he denies a basic absolute unchangeable reality. A person must have had a father.

The male adolescent's emotional life is focused on his relationship with his father as the prime model for final identification and resolution of his sexual desires for the mother. The psychological role of the father in the life of an adolescent, therefore, is crucial. The father's role can be viewed as helping the adolescent make the final separation from the mother, serving as the model for crystallization of his own identity as a male. In the non-pathological father-son relationship, (non-delinquent) the father's actual behavior and unconscious attitude foster or do not prevent identification, so that the successful resolution of the oedipal conflict is finally achieved, with a crystallization of one's ego-identity.

Delinquent adolescent males have severe problems in the oedipal area: negative relationships with their fathers and all other adult authority figures; inadequate masculine identity; feelings of impotence and inferiority; lacking a successful area of functioning. Examination of father-son relationships in the histories of delinquents often reveals intensely negative father-son relationships. Adolescence usually brings an intensification of this negative relationship. The now near-adult adolescent is perceived by the father as an increasing threat, fostering alienation rather than a model for identification.

The writer has examined the case histories of the total sample of delinquents involved in the ongoing group psychotherapy program being described. The present sample (25 cases) represents three separate groups conducted over the last three years.

This therapeutic approach was carried out in the Bronx Office of Catholic Charities Guidance Institute, a children's psychiatric clinic, providing individual and group therapy on a non-fee basis for the lower socio-economic, primarily Catholic, population of Bronx County, New York. The groups were composed of delinquent male adolescents, between the ages of 13-16, referred to the agency by Bronx Juvenile Term Court. Out-patient treatment had been recommended by a court psychiatrist. Participation in treatment was a condition of the adolescent's parole program.

The sample was broken down into two categories based upon the presence or absence of the father, and the role of the father in the past and present lives of the delinquent males involved in group therapy. "Negative father role" participation included father-absence from the home during a significant portion of the adolescent's life and the presence of intensely conflictual relationships between father and son. "Positive father role" categorizes father-presence in the home during a significant portion of the adolescent's life, and the absence of intense conflictual father-son relations. The breakdown for our sample was as follows: eight delinquents had totally father-absent families; three had partially father-absent families (fathers left and returned repeatedly). The remaining fourteen had father-present families. Therefore, in the present sample 44% of the delinquent males had father-absent families, nearly half of the sample. The results of the present sample appears to be consistent with research studies which attempt to measure the effects of father-absence.

A growing number of research studies are beginning to document that father-absence in early childhood is associated with certain distinctive

differences in children, particularly among males. Differences have been reported between father-absent and father-present reared children in such areas as intellectual level, cognitive style, sex role identification and personal adjustment. Father presence therefore implies some functional relevance to child development. Recent studies have demonstrated that father-absence is related to a lack of crystallized masculine identity in negro male children. In a hospital sample twelve adolescents from intact homes were compared to twelve adolescents from father-absent homes. The father-absent group showed a higher incidence of schizophrenia. In another study the effects of father-absence on oedipal age sons indicates negative changes in dependency, aggression, masculine identification and oedipal conflicts (Am. J. Orthopsychiat., 1968).

Returning to the sample under discussion, we found some interesting results in the area of father participation. Twenty three fathers of the total sample of twenty five fell into the "negative father role" category. Eighty one percent of the delinquents had participated in intensely negative, conflictual relationships with their fathers (8% of the sample had positive relationships with their fathers). The overwhelming majority of the delinquent adolescents in our sample therefore, have experienced a seriously disturbed relationship with their fathers. An interesting side note regarding mothers. The entire sample had mother-present homes. In addition they uniformly reported continued positive feelings towards their mothers.

The present sample of delinquents is made up of adolescent males from families of the lower socio-economic levels of society. Present day trends in delinquency statistics reveal however, an ever increasing incidence of delinquency behavior in the middle class adolescent. It is postulated that

the same dynamics for delinquency are relevant in the middle class, namely, a lack of fathering. The only difference between the father-son relationships between lower and middle class delinquents is the subtler manifestation of the negative father-son relationship. Father-absence takes the form of being away from the home during extended work hours (including weekends).

The pervasive symptom of delinquency, anti-social and unlawful behavior, is seen as a projection of unresolved oedipal feelings of aggression and hostility toward the father onto the more distant male adult authority figures; e.g. the policeman, the store owner, the society - symbolic representations of the father.

Lindner (1945) view includes the role of the father and the Oedipal struggle in the delinquent's negative perception of adults and the resultant aggressive acting out behavior. Lindner proposes that in restraint-free individuals, tension built up between id strivings and prohibitions (culture, superego, etc.) demands discharge to bring about homeostasis. He felt that the conflict originated before the Oedipal situation had been resolved and, therefore, the introjection of society (or superego) is never accomplished. This is consistent with Freud's view that superego development represents the result of an attempt at resolution of the Oedipal conflict by means of identification with the parent of the same sex (1927).

Adolescence is the natural development period for group membership. The adolescent period brings the resurgence of the Oedipal conflict, (Blos, 1952). Internal sexual, physical, feelings, psychological uncertainty, confusion, awkward social interaction, combine to make the adolescent feel like the marginal man, so aptly described by Kurt Levine. The adolescent "feeling out of tune

with the adult world, confused, not fully understanding his bodily changes, sensing strong instinctual drives without adequate means of expression, and uncertain of object relations, is naturally drawn to others in a similar plight and forms strong group affiliations". (Richmond and Schechter, 1964). Group psychotherapy with adolescents, therefore, takes advantage of this "natural" emotional inclination. Group membership for the delinquent adolescent takes on an additional significance, since it provides a symbolic substitution for the family (Epstein, 1967). These adolescents enter the group attempting to gratify unfulfilled needs and satisfactions in family living.

There is a need to match the intrapsychic needs of adolescent delinquent males with an appropriate treatment model and technique that addresses itself to the need for an appropriate, positive masculine model for identification. The concept of "fathering" is being introduced to denote this necessary therapeutic stance for successful intervention with adolescent delinquent males. Delinquent adolescents need "fathering": a positive male figure, who can provide warmth, empathetic caring, affection and support while also providing structure, organization, discipline, firmness and authority.

The group therapy approach described in this paper might be characterized by the Relationship-Experential Focus recently outlined by Scheidlinger, 1968. In the present context, this focus implies that the changing of thinking, feeling and behavior, is accomplished through the development of a specific kind of relationship with the therapist, which is experienced by the patient. Not only must the therapist behave or experience himself in a certain way, but the patients must perceive and experience the therapist similarly. There must be a congruence of therapist-patient perception and experience akin to what Truax (1966),

speaks of in regard to empathetic understanding. He clarified the therapist's role in being empathetic by demonstrating that the therapist's empathetic responses must be accurate and "visible" for empathetic understanding to be experienced by the patient. It is not enough to feel empathy for a patient, you must communicate it directly and accurately for your intervention to have meaning.

In the present context, the group therapist needs to establish a therapeutic relationship where the positive attitudes of a father transference predominate. The therapist must take a stand in the relationship as an adult authority who is giving, caring, concerned, just and supportive. Moreover, he must convey both his authority and his caring directly and accurately to the adolescent males with whom he is working.

The concept of fathering as a therapeutic stance has relevance for the activity of the group therapist with delinquent adolescent males during the different phases of the group's existence: (1) "engaging their interest", (pre-group interviews and initial phase of group sessions); (2) "encountering a caring adult" (the interaction of the group therapy sessions); (3) "leaving the group with the image of a positive experience with an adult" (terminating the group therapy relationship).

The primary purpose of the pre-group interviews and the initial phase of therapy is to tap an underlying "relationship hunger" for interaction with a positive adult figure by stimulating a desire to relate to the therapist. The potential group candidates are seen for several individual pre-group interviews. Then when the therapist feels he has made a meaningful emotional contact with the adolescent, he is placed into the group.

In the pre-group interviews the therapist emphasizes free verbal interchange with an adult (and discourages physical contact). He tells each adolescent:

> "You can talk about anything you want, in any way you want, but no one touches anybody in the group".

The therapist then would cite a verbal example of a sexual nature, in the accepted slang of adolescents. Invariably this brought an immediate exclamation of glee and apparent acceptance.

During this initial phase of therapy, the therapist first stimulates what could be termed a "brother transference". The therapist functions much like an older brother or peer with the group. He jokes with them. He adapts their frame of reference. He tells his own personal experiences where relevant. Interpretations are kept to a minimum. Anxiety level is maintained at a tolerable level.

Of particular importance during these initial phases is the introduction of several active techniques. They are employed throughout the therapy period to foster the development of a positive father transference as well as to motivate the adolescents to attend the sessions.

The therapist would deliberately intervene with "environmental manipulation" in certain calculated incidents to foster a belief in the positive ability and willingness of an adult authority figure to make a special effort on their behalf. The therapist introduced the potential environmental intervention in the group session as a conflict was reported that the therapist judged would produce successful results. All steps, whether successful or otherwise, involved in the intervention were openly reported to the group.

During the eighth session of one group, negative feelings toward participation in therapy at the clinic were projectively expressed, when the boys began to spontaneously reveal their intensely negative feelings about their past experience with adult authority figures in institutional settings, such as school, court, etc. They vividly described the dehumanizing experience of the court situation and their reactions of lowered self-esteem, resentment, hostility and frustration.

The therapist used this opportunity to explore their present feeling toward the clinic, another institutional setting run by adult authorities, and symbolically connected to the court. They immediately verbalized general negative feelings. When the therapist asked for specifics, they unanimously expressed a dissatisfaction with their interaction with the secretaries in the waiting room. They reported they were greeted in a very impersonal, gruff way; e.g. "what's your name?", "sit down and wait". They intensely felt the absence of a friendly smile, a warm word. It reminded them of all the worst aspects of the dehumanizing experiences at court.

The therapist empathized with their feelings, saying that, if this were the case, it was the wrong way to behave towards them and he would feel the same way they did. The therapist also said he would try to change the situation if it were possible to do so.

The therapist observed the secretaries' behavior with the boys and other clients, and found it wanting. He decided to meet with all office personnel who were receptionists. He discussed with them the importance of their contribution to the helping relationship with the boys; the hypersensitivity of these adolescents to rejection based on past negative experiences with adults; and the importance of friendliness and warmth in working with these adolescents.

The secretaries responded very well to this meeting. Prior to the next group session, they made a special effort to relate to the boys in the desired manner. The boys were quick to pick this up and spontaneously reported the positive change to the therapist. A wedge was made into the boys' negative feelings and perceptions of adults.

Refreshments are provided at each meeting. The food and drink are available at the beginning of the sessions. The group members can partake of it, at will. The therapist notes any changes in the pattern of eating for the group or individuals. The basic rationale for "feeding" these adolescents is the therapist be clearly identified as the "providing adult". The feeding situation rarely, if ever, becomes a part of the verbal interchange of the sessions. It forms of non-verbal, symbolic undercurrent; it's there, but not referred to. It is felt that the conflicts involved in the unresolved dependency needs of these adolescents date back to pre-genital period of development. This period predates language formation and usage. Therefore, it is most meaningful to provide a new experience in the transference relationship than attempt to verbally analyze the unresolved dependency.

Additional reasons for providing refreshments are: the adolescents orientation toward the physical modality; its place in reducing anxiety in the sessions, they can get up and eat when they get too anxious; adolescents are always hungry.

Field trips are scheduled at particular intervals during the year. They are scheduled at the last session prior to a vacation period (coinciding with a school recess period), and at the last session of the year's group therapy program. These trips are scheduled, prior to interruptions in the group program, to provide the adolescents with an emotional carry over from the therapist, during

the periods when they will not be seen. The attempt is to leave them with a positive, meaningful, special experience. It is something they can take away with them, from you, during the vacation period. It therefore, enhances the return of the group when the sessions resume. In the present sample, we have found an increase in attendance following a vacation period, when field trips are held just prior to the vacation break.

Phase II, "encountering a caring adult", (the interaction of the group therapy sessions), is primarily concerned with helping the delinquent adolescent male explore the negative and positive parameters of his relationships, past and present, with people (adults and peers), as they are manifested in his "here and now" relationship to the therapist and the group. The therapist serves as the model for interaction.

The group therapist is the only one in the group who has the emotional capacity to directly verbalize caring and affectionate feelings. The delinquent adolescent male cannot directly do this because of the homosexual threat this disclosure implies. They need to hear and feel affection for each one of them to satisfy this unresolved need. They also need the therapist to serve as a model in this expression, so they will eventually be able to express it to each other.

Angel: Enters the room after the group had begun looking very depressed. Without saying a word he sits down. A group member gestures to him, he quickly turns away in angry silence. The group is apparently frightened by this entrance, and they remain silent and frozen.

Therapist: "Hi Angel, you look bad, like there's trouble, what's the matter?".

Angel: "Nothing man, forget it, I don't want to talk about it".

Richard: "If nothing is wrong, why do you look so bad?".

Angel: "Shut your mouth, man".

Richard: "Fuck you, I'm only trying to help. Keep your trouble".

David: "Hey Angel, Doc is right, you look like you got trouble".

Walter: "Forget him, he's stupid. He doesn't want any help".

Therapist: "Angel, the group and I are saying to you that you look like you need help. Yet, you keep telling us to fuck off; you act like we can't help you".

Angel: "No one can help. It's too late".

Therapist: "You believe that no one gives a shit about you, no one can really care when you're in trouble".

"In the past you have told us about how you feel your family, especially your father, doesn't seem to give a shit about you. Your treating me and the group as if we were your bad father".

Angel: (He starts to look tearful).

Therapist: "I care about you and I want you to tell me what's happened, so I, and the group, can help you".

Angel goes on to tell the therapist and the group about a recent gang fight in which he was involved. The rival gang members have sworn to kill him. He was intensely frightened, and felt alone with his grief. The group and the therapist helped Angel develop plans for a peaceful settlement of this crisis in his life. He was able to avert any further difficulty. As his participation in group became more meaningful to him, he began to drift away from peers who involved themselves in gang wars.

In all instances, a "planned termination" was attempted, even if the group member dropped out of the group. The therapist attempted to contact the adolescent by mail, phone, or in a subsequent face-to-face interview. The purpose of the contact is to reduce guilt feelings about discontinuing therapy, to leave the adolescent with a positive feeling about the therapist and therapy, and to leave the door open for a return to therapy in the future. If the therapist can accurately and directly communicate that he isn't angry with him for leaving

and he continues to care what happens to him, the delinquent adolescent may have the only positive experience in his lifetime with an adult authority. If he can experience this positive feeling with an adult, he can use it to return for help, at some future time.

Emanuel had been in the group for six sessions and was becoming increasingly more engaged in therapy. Suddenly, after perfect attendance he did not show up for the group. When the therapist finally contacted the family, he learned the father had the son committed to a residential setting, without consultation with the therapist. Through the Probation Officer, the therapist wrote to Emanuel telling him he was sorry that his father took such punitive action, that his presence in the group was missed, and that he should feel free to contact the therapist and the agency when he returns home.

Luis was a group member for about a year, with significant changes in his relationship to authority. He had dropped out of therapy without a word. About a year later he suddenly contacted the therapist to help him to resolve a temporary crisis in regard to school. He was seen for one session. He had decided to return to school after a year's truancy. He needed financial assistance in order to buy clothing and school supplies. The therapist contacted the Department of Welfare and helped Luis receive the necessary funds.

What kind of significant change can be demonstrated as a result of this approach? Theoretically, the most characteristic change should be a lessening of negative perceptions and feelings towards adult authority figures and a consequent increase in positive perceptions and feelings. At this point in the program, the data referred to has been generated by several sources: the adolescents themselves, the observations of the therapist, the reports of

probation officers; the observations of the court worker of the agency attached to the delinquent therapy program. The reports of para-professional staff of the clinic are an excellent source of information; since they are most like the "real world" adults with whom the adolescents interact daily. The parents of these adolescents proved to be the least significant reporters of the adolescents' activity or change. In actuality, the parents rarely contacted the therapist or the agency. If any parent wished to be seen another therapist would be available. Continued disinterest, neglect, and lack of motivation, may have been some of the reasons for lack of parental involvement.

For the future, data is being sought demonstrating changes in functioning generated from independent and more objective measures, such as objective and projective test scores, pre to post-therapy.

The most meaningful changes that can be reported, in the light of the present theoretical orientation regarding fathering, are changes in the perception and relationships towards adults, especially adult authority figures. The delinquent adolescent male in the group therapy program previously outlined generally first show marked changes in their relationship to the group therapist. The initial characteristic perception and relationship to the therapist of these adolescents is best illustrated by reference to the behavior of a group member. Joe, a thirteen year old, was referred to the group program because of truancy, minor delinquent acts in the community and his mother's inability to control his behavior. He had never known his father; the father had separated from the family when Joe was one year old. There had never been any father substitute in Joe's life; he had never had a meaningful and positive relationship with an adult male. He was one of the most mistrustful members of the group. Joe's initial perception

and feelings toward the therapist was intensely hostile, mistrustful, and provocative. An initial interchange with the therapist in a group session illustrate Joe's feeling as evidenced in a discussion of tape recording the group sessions:

Joe: "You going to play those tapes to my mother, aren't you?" (In an intensely angry, belligerent tone).

Therapist: "You can't trust me to keep what you tell me confidential".

Joe: "I read where a psychologist used tape recordings to squeal on someone".

Therapist: "As far as you are concerned, I'll be just like this guy who squealed". I wonder if everyone else feels the way Joe does about my using the tapes... to squeal on them".

Group members responded with varying degrees of the same feeling of mistrust, but less intensely so. The therapist then used the material to focus on the groups feelings of mistrust toward him and other adult authorities (parents, teachers, parole officers, etc.) He asked the group what he should do with them so that they could come to trust him.

After the introduction of the tape recorder, Joe became increasingly silent in the sessions and began to stay away from the group, from time to time. A year

and a half later Joe was still objecting to the tape recorder, but was managing to entertain, possibly for the first time in his life, a new perception of an adult authority.

David: "Hi Doc, you didn't bring in the tape recorder today".

Joe: "Maybe he's letting someone else listen to our tapes".

Richard: "Man, you <u>still</u> think Doc is going to rat on you, don't you?"

Walter: "Shit...you're just an ass, man".

Therapist: "Joe seems to feel he still can't trust me, even though there are things he could point to, that I've done with the group, that could tell him something different".

Richard: "That's right, man. If Doc was going to rat on you, he could have done it already. Has he? He hasn't ratted on me".

Angel: "Shit man, you're Joe Bananas, you're stupid, man".

Therapist: "Joe, the group seems to feel that I can be trusted since they now have new evidence

from my relationship with you guys over the last year and a half that I didn't rat on anybody. In fact, I could remind you of how I tried to go out of my way to help you and others. (The therapist cites several examples in contacting teachers, parole officers, etc.)

Joe: "Well,maybe you won't squeal on me, but I still don't like that damn thing being in here". (half smiling).

(Joe goes on to tell the group that the therapist recently helped him with a school problem, by intervening on his behalf with his guidance counselor).

Indices that could be used to demonstrate a positive change in the delinquent males relationship to the therapist are: increased attendance at sessions (attendance in one group was up to 98% after two months of therapy); increases in coming on time or early for sessions (in the three groups under discussion attendance was generally on time; one group had several members who came early); self-referral of adolescents (adolescents began to be referred by group members as a result of their positive reports of the group experience, (one group has referred five adolescents, enough for another group).

Changes in behavior towards adults outside the group was reported by para-professional staff of the clinic. Mrs. S., the appointment clerk, provided the

therapist with many examples. Danny, one of the seriously disturbed of the adolescents would engage in constant acts of mischief on his way from the group therapy meeting room to the appointment clerk's office, e.g. take down office signs, knock on doors, run up and down the halls, throw empty soda pop cans at other group members, etc. Complaints about his disruptive behavior and similar behavior of others, had reached one of the office managers, who in turn demanded that the therapist..."do something to these boys to make them stop causing a riot in here". She also added in terms of Danny..."and do something quick to that nutty kid that keeps turning my signs around".

The therapist asked her to handle the situation of the disturbance anytime it occurred, in her usual manner(which was to resoundingly bawl out the boys). He explained to her it was important for him not to get involved in being a negative authority with these adolescents, but that he wanted "real world" adults to confront them with their negative behavior. He only cautioned her against any punitive action.

Danny was observed in his reaction to confrontations with the office manager regarding his disruptive behavior. Initially, he reacted by cursing her, becoming more belligerent, and increased his aggressive behavior in the office corridors. Gradually, his aggressiveness subsided, he decreased his disruptiveness. After a while he was able to enter into a joking relationship with this woman when she confronted him with his negative behavior. Danny would tease her, as if to act out aggressively, then stop short of overt behavior. She also changed towards him. She learned to handle his provocativeness, without getting angry. This same woman who initially described the group in derogatory terms and reacted with anger towards them, began to entertain affectionate feelings towards them.

With the discernible positive changes in functioning towards the therapist and the clinic staff, is there a concomitant demonstrable change in functioning in the real world? Does this approach produce changes in relationship to adult authority figures in real life, who don't treat these adolescents therapeutically? For example, do these boys continue to act out aggressively towards adult authority figures by continuing to get in trouble with the law? Our figures show a positive change in regard to the discontinuance of delinquent or unlawful activity, while participating in the group therapy program. Of the total sample of twenty five cases, four boys have had subsequent contact with the court while in group therapy. Eighty four percent of the sample have had no further difficulty with lawful authorities while participating in the group therapy program. These figures are based upon the therapist's knowledge of the adolescent's activities, as primarily gathered from the group sessions, reports of probation officers and the court. Any offense which necessitated a court appearance or police contact would have immediately come to the attention of the therapist. These results could be explained on the basis of the adolescents becoming more adept at not being apprehended for their offenses. If so, this would indicate, at the very least, they were becoming less masochistic.

The frequency of undetected delinquent activity appears to have decreased for a majority of group participants. This is primarily an impressionistic observation.

In the male delinquent's search for the caring yet "strong" masculine figure, he is paradoxically, in constant defense against this relationship. Unresolved homosexual feelings, fears of another rejecting experience, etc., are among the dynamic factors in this defense. Therefore, therapeutic work with delinquents makes intense demands on the therapist to deal with his own unresolved conflicts, especially oedipal conflicts.

Crucial countertransference questions demanded of the therapist are: Can you be "loving" and understanding to an adolescent who is rejecting and aggressive towards you? Can you see his rejection and aggression as a distorted means of getting closer to you? Countertransferences arise during all phases of group treatment with adolescents. The group setting enhances countertransference since adolescents are more likely to expose feelings when they are supported by peers. Adolescents are also easily stimulated by a volatile member. Delinquent adolescents add aggressive and hostile acting out towards adults as a trigger to countertransference feelings.

The therapist experienced an intense fear of these adolescents acting out aggressively, just prior to beginning the group therapy program. He had never conducted a group of delinquents. A series of recurrent fantasies occurred to the therapist: the boys would openly aggress against him; they would openly aggress against each other; they would bring weapons to the group sessions and threaten the therapist and the group members. The therapist would not be able to control the situation; someone might be seriously injured. Obviously, such intense negative feelings jeopardized a successful beginning of the group. In order to deal with and analyze these countertransference feelings the therapist decided to bring his fears to an ongoing "group experience" group, of which he was a member. The group teacher suggested we all role play a delinquent group. The writer would be the group therapist. It was an extremely valuable experience as it brought to the surface and clarified the writer's need to be more authoritative and firm, in order to set limits for acting out. The writer's own unresolved passivity conflict had triggered off feelings of helplessness and inadequacy in dealing with those adolescents that need firmness and decisiveness.

Adopting a therapeutic stance which is predicated on the therapist being a type of "mothering" figure, has many inherent possibilities for countertransference reactions.

Countertransference feelings can enter into the use of field trips, if they become an acting out by the therapist or a substitute for group session interaction. The temptation during a field trip is to function as a peer with the group, since it is more akin to a social gathering than the group sessions. In addition, the group will pressure the therapist to drop his usual role. The therapist must continue to serve as a therapist during an outing. An example will clarify the difficulty. A group decided to go to a restaurant as the final meeting for the year. Under-age adolescents wanted to order alcohol. The therapist serves as a model by ordering soda pop. The adolescents begin to order wine. The therapist is tempted to let them go ahead with the order: to give them a special treat; to be a good guy; to show them you are not a square; to treat them better than their parents. However, as subtle as it might be, the message conveyed to them; if the therapist went along with this maneuver, would be approval to break the law. The appropriate therapeutic response to the situation would be:

"Are you guys trying to get me into trouble by ordering wine?"

The message that this response conveys is:

"If you care for me, you won't order wine".

The therapist thereby functions as non-punitive, non-authoritarian adult and asks the adolescents to demonstrate some caring for him.

Countertransference problems arise during the "switch" from a brother to father transference in the second phase of treatment, "encountering a caring adult".

Adolescents are naturally more comfortable and less threatened by a peer or a big brother than they are by an adult authority. Therefore, a group of adolescents will constantly push a therapist in the direction of a peer relationship. The group therapist can gain much personal satisfaction from such a stance, since the feedback from the group appears very positive. The group is interactive, friendly, spontaneous and verbal.

In order to establish a relationship with them some aspect of a peer relationship proves very effective. The danger lies in continuing the peer relationship at the expense of helping the group explore their problems and change their relationships to adults. A group of eight adolescents and a therapist should not become nine adolescents. They do not need the presence of another peer, they need a significant relationship with an adult. The group asks for a brother, but they need a father.

Many countertransference reactions are stimulated during the course of the interaction of the group sessions that test the limits of the group therapist's ability to function therapeutically.

Danny, one of the most aggressive members of one group of delinquents, continually threatened to act out aggressively towards the therapist. One day, he told the therapist the following:

> "I know what garage you keep your car in. You know, I think I'm going to take out the spark plugs from the car someday, soon".

The therapist had previously been struggling with intense countertransference feelings of anger, fear and resentment towards this adolescent for continued provocative and "hostile" behavior. He believed Danny when he said he would dismantle the car. The therapist's first reaction to the above cited "threat"

was fear. He said to himself: "Oh no, that's all I need is to have my car dismantled". Then the therapist got angry,: "that damn kid, there he goes again breaking my chops, threatening me. I wish he wasn't in the group".

The therapist was crippled by countertransference feelings, at this point, in his work with this adolescent (and other similar adolescents in the group). Therefore, all he was able to do was to look scared and make some anti-therapeutic comment: "If anything happens to my car, I'll know who to blame".

In order to deal more meaningfully with these types of provocations, the therapist discussed his countertransference feelings in a group therapy training seminar. It became clear that Danny was telling the therapist, in his own way, that he wanted to "plug himself into", the therapist's life in some special way. His provocation was a disguised message for a wish to have an affectionate relationship. The therapist was then able to recall several other coded messages, in the past, that signaled the same desire by this adolescent and others. The relationship between Danny and the therapist significantly improved thereafter, because the therapist became free to see Danny as a needy person and not as a delinquent out to do him harm.

This discussion of countertransference was intended to point out the constant necessity for the group therapist to examine his personal feelings and reactions when attempting to work therapeutically with delinquents. Any group therapy program with delinquent adolescents needs to have a built-in provision for ongoing, intensive supervision of the group therapist's functioning. It is recommended that tape recording (or filming) of group sessions be mandatory. Notes of the interaction of group members prior to, and after the group sessions could be collected by inlisting the aid of the para-professional members of the

clinic. The group therapist's job is to use these aids to focus in detail on his "felt experiencing" of the adolescents. His goal is to eventually experience delinquent adolescent males as people who need and want help in successfully relating to adults.

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